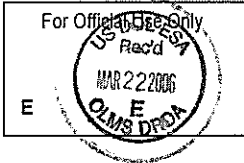


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 07920	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Neta M Robinson P.O. Box, Bldg., Room No., if any Street 2208 Remington Dr. City Flower Mound State Texas ZIP Code + 4 75028	4. Name, file number, and address of labor organization. Name Allied Pilots Association Labor Organization File Number 059-849 P.O. Box, Building and Room Number, if any Street 14600 Trinity Boulevard City Fort Worth State Texas ZIP Code + 4 76155-2512
5. Position in labor organization. Manager Group Medical	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On 3/14/06 Date 817-302-2145 Telephone Number

Name of Person Filing Neta Robinson

File Number U- 07920

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Segal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 101 North Wacker Drive

City Chicago

State Illinois ZIP Code + 4 60606

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name APA Welfare Benefits Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 14600 Trinity Boulevard, Suite 500

City Fort Worth

State Texas ZIP Code + 4 76155

11.a. Nature of such dealing.

Consultant

11.b. Approximate dollar value of such dealing.

\$362,766

12.a. Nature of interest held or income received.

Dinner 1/25/05 - \$95.44
Meeting Meals 1/26/05 - \$39.58
Dinner 5/2/05 - \$84.21
Dinner 9/29/05 - \$84.03

12.b. Amount.

\$303

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.